

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

ATTORNEY DOCKET NO.

05822.0340USWO

U.S. APPLICATION SERIAL NO.

10/588,574

CONFIRMATION NO.

8316

FILING DATE

May 31, 2007

INVENTOR(S)

Stig Bengmark

EXAMINER

K. Ariani

GROUP ART UNIT

1651

TITLE OF APPLICATION

SYNBIOTIC USE

ADDRESS TO:

**Mail Stop RCE
Commissioner for Patents
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450**

This is a Request for Continued Examination under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted. If a final office action is outstanding, any amendments filed after the final office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- ii. ☐ Other _____
- b. ☒ Enclosed
- i. ☐ Amendment
- ii. ☒ Request for Reconsideration
- iii. ☐ Affidavit(s)/Declaration(s) -
- iv. ☐ Information Disclosure Statement (IDS) ☐ PTO 1449 ☐ Cited References (____)
- v. ☐ Other

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required).
- b. ☐ Other _____

3. Other Enclosures

- a. ☐ Fee Transmittal (In Duplicate)
- b. ☒ Request for Extension of Time for 3 months
- c. ☐ Information Disclosure Statement (IDS) ☐ PTO 1449 ☐ Cited References (____)
- d. ☐
- e. ☐
- f. ☐

4. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☐ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. **13-2725**. A fee transmittal sheet in duplicate is enclosed.
- i. ☐ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other
- b. ☐ A check in the amount of _____ enclosed.
- c. ☒ Payment by credit card

CORRESPONDENCE ADDRESS☒ The address associated with Customer Number: **23552** **OR** ☐ correspondence address below

Name

Address

City

State

Zip Code

SIGNATURE

/Drew Hissong/

DATE

March 13, 2009

TELEPHONE

202 326-0300

NAME

Drew HissongREGISTRATION NO. **44,765**